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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Senegal

Proposed UNFPA assistance: $15 million, $10 million from regular resources and $5 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.5	3.5	10.0
Population & development strategies	2.5	1.0	3.5
Advocacy	1.0	.5	1.5
Total	10.0	5.0	15.0

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SENEGAL

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	46.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	7.0	≥55
Access to basic health services (%)[3]	40.0	≥60
Infant mortality rate (/1000)[4]	68.0	≤50
Maternal mortality rate (/100,000)[5]	600.0	≤100
Gross female enrolment rate at primary level (%)[6]	35.6	≥75
Adult female literacy rate(%)[7]	20.7	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	8,312	Annual population growth rate (%)	2.7
Population in year 2000 (000)	9,495	Urban	4.0
Sex ratio (/100 females)	100.2	Rural	1.7
Per cent urban	42.3	Crude birth rate (/1000)	41.1
Age distribution (%)		Crude death rate (/1000)	14.5
Ages 0-14	44.5	Net migration rate (/1000)	0.0
Youth (15-24)	19.6	Total fertility rate (woman)	5.62
Ages 60+	4.7	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.7	Males	50.3
Median age (years)	17.5	Females	52.3
Population density (/sq. km.)	42	Both sexes	51.3
		GNP per capita (U.S. dollars, 1994)	610

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Senegal achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $15 million, of which $10 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Senegal.

2. The proposed programme, which has been finalized in close collaboration with the Government, non-governmental organizations (NGOs), various segments of the civil society and other development partners, takes into account the Government's overall population and development objectives, as stated in its Eighth National Development Plan (1991-1995), and the draft Ninth National Social and Economic Development Plan (1996-2001), as well as the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise. The proposed programme also considers the lessons learned from previous UNFPA assistance to Senegal.

3. The proposed 1997-2001 programme, in collaboration with other programmes developed by the Government, will contribute to the attainment of the national objectives established by the Population Policy Declaration approved by an Inter-Ministerial Committee in July 1995. The PRSD proposed that UNFPA could help the Government attain its immediate objectives through promoting a comprehensive reproductive health approach and by strengthening the integration of reproductive health components in all health structures; fostering the programme approach and the integration of population variables into development plans; strengthening the institutional structures charged with the coordination of the national Population Policy Declaration; and harmonizing the collection, research, dissemination and utilization of population information. The proposed programme also aims to contribute to improving the socio-economic situation of women, to help in regionalizing the population programme process, to promote human resource development and the use of national execution and to involve political authorities, religious leaders and grass-roots organizations in formulating and implementing the National Population Programme.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Senegal falls in category "A" under UNFPA's new approach for resource allocation. It remains a poor country, with a per capita gross national product (GNP) of just over $600, and the economy has deteriorated since the 1980s, with the GNP growth rate decreasing from an average of 2.6 per cent in 1979-1983 to 2 per cent in 1994. An estimated 33 per cent of the population lives below the officially established poverty level.

6. The Government faces numerous challenges in improving the reproductive health of the Senegalese people. The country has a very high maternal mortality rate, estimated at 600 per 100,000 live births. More than half of all births take place at home without qualified help. The contraceptive prevalence rate remains low, at 7 per cent, in spite of the integration of family planning services into public health structures and an awareness level of 75 per cent. The low use of contraceptives can be attributed to several factors, including the lack of empowerment of women and the lack of family planning services in most rural areas. Accessibility to these services is limited, their quality poor, and where family planning services are integrated into the maternal and child health (MCH) structure, the level of integration is weak. Widespread misconceptions about religious precepts on family planning have been another contributing factor. However, at a recently held Colloquium on Islam and Family Welfare, the country's Islamic religious leaders took a clear position in favour of family planning.

7. Although women in Senegal contribute to all spheres of the country's economy, their position in society is still linked to reproductive roles. The Government has made important efforts toward the advancement of women's status, including the adoption of a National Action Plan and ratification of the international Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), but gender inequalities persist. For example, family planning services are available only to married women and conditional on the consent of their spouse. Female circumcision remains prevalent among certain ethnic groups.

Previous UNFPA assistance

8. The third UNFPA country programme was approved for $12 million for the period 1992-1996. The programme helped promote a better understanding of population-related issues in Senegal and aided in an increase of contraceptive methodologies so that a wide variety of methods is now available in the country. In collaboration with the Ministry for Youth and Sports, the Municipality of Dakar and several NGOs, UNFPA helped set up two multi-functional youth centres that provide reproductive health counselling and basic services for adolescents. The programme also funded setting up five pilot reproductive health centres to facilitate the integration of reproductive health components into existing health structures.

9. Among the lessons learned from the past programme was the necessity of establishing reliable sociocultural data before setting programme objectives. It turned out that the goals of the previous country programme in terms of increasing the contraceptive prevalence rate were over-optimistic in that they did not adequately take into account the difficulties in overcoming such obstacles as the scarcity of service delivery points in rural zones, the absence of alternative distribution channels for contraceptives, the lack of support from religious leaders and elders, and the non-involvement of men and youth. Another lesson learned is that the institutional framework of the Population Policy Declaration needs to be revised. To achieve real integration of population variables in development plans, emphasis has to be put on their integration in sectoral policies. Diverse evaluations also show that women's involvement in population programmes will not be increased substantially as long as they are economically dependent and their illiteracy rate remains high.

10. There are, however, reasons for some optimism. The March 1996 Colloquium on Islam and Family Well-Being has shown that Senegal's religious leaders are more receptive to family planning than expected. Friday sermons and television talks by imams are good indicators that a vehicle has been found to make religious leaders partners in informing the public about population issues, especially family planning and the status of women. It should also be mentioned that the establishment of the two youth centres in Dakar demonstrates the potential for providing reproductive health services for youth in the Senegalese context. The information campaign vis-à-vis parents, authorities and religious leaders made it possible for these centres to work with adolescents with the support of the community. The UNFPA's pro-active stance in this regard was instrumental in achieving the successful result.

Other external assistance

11. The United States Agency for International Development (USAID) and the World Bank are among the major donors to Senegal in the population field. USAID, the main contributor for family planning activities, intervenes through such programmes as the three-year $30.2 million "Child Survival" project, which includes family planning interventions, and is implemented by the Ministry of Health in collaboration with UNFPA within the framework of the National Family Planning Programme. It also contributes about $4 million to the National AIDS Programme. The World Bank has earmarked $900,000 for human resource development to help strengthen the capacity of the National Family Planning Programme and $8 million for the expansion of private sector reproductive health services. It also supports a community nutrition project ($32 million) and a youth promotion project ($1.9 million), mainly for information, education and communication (IEC) activities, that is being implemented by the Ministry for Youth and Sports in collaboration with UNFPA. UNICEF also has a strong input in the field of IEC, estimated at $7.5 million over the past four years. In total, between 1992-1996 the contribution all of development partners, including UNFPA, was around $30 million for family planning activities and $8 million for the control of sexually transmitted diseases (STDs), including HIV/AIDS.

12. UNFPA is not the main donor in the population field in Senegal, but it does have certain advantages that have allowed it to occupy a unique strategic niche. As a multilateral donor, the Fund is considered neutral in its field, which gives it the possibility of intervening in sensitive domains, such as the provision of reproductive health services for adolescents and family life education in schools. UNFPA is also recognized as a leader in the population field because it is widely regarded as more holistic in its approach to population issues, incorporating a wide range of interventions while other donors tend to limit their activities to particular areas of specialization. Such advantages will, for example, enable the proposed programme to build on fruitful contacts with religious leaders.

13. Coordination between development partners to avoid duplication of efforts and facilitate government monitoring is accomplished through a number of mechanisms. New programmes are considered during meetings of the informal population network created and headed by UNFPA as well as during meetings of the informal network on health and the informal network on women headed by UNIFEM. UNFPA participates in all quarterly meetings of the development partners in Senegal, headed by the World Bank and the United Nations Resident Coordinator.

Proposed programme

14. The main long-term objective of the proposed UNFPA programme is to help the Government reach and maintain a sustainable relationship between population, resources and development. The Government's immediate goals are to reduce the total fertility rate from an estimated 5.62 in 1995 to 5.18 no later than 2005; the infant mortality rate to 64 per 1,000 by 2001; the annual population growth rate to 2.59 per cent during the period 2001-2005; and maternal mortality to 400 per 100,000 live births in 2001. It also aims to increase the contraceptive prevalence rate for all contraceptive methods to 22.6 per cent in 2000. Other goals are to improve the status, conditions and quality of life of women by fostering gender equality and equity and the empowerment of women and by encouraging the schooling of the girl child. UNFPA's proposed 1997-2001 programme aims to help attain these goals by supporting the full integration of population variables into sectoral development planning during the next four-year cycle and by helping to increase by 20-25 per cent the number of health centres, health posts, NGOs and private clinics that offer integrated reproductive health services. It will also assist the Government in advocating for continued, and increasing, national commitment to the achievement of the objectives of the Population Policy Declaration.

15. The coverage of all these UNFPA activities will be national in scope. The focus of reproductive health activities will be shifted from urban hospitals and reference centres to the level of the health district, mostly in rural zones, with an increased emphasis on adolescents and males. In the area of population and development strategies, priority support will be given to the development of human resources and the integration of population variables into sectoral policies. In advocacy, the emphasis will be to assist the Government in information campaigns aimed at

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developing commitment towards population issues, specifically as regards the promotion of women's status and making reproductive health services accessible to youth.

16. Reproductive health. The reproductive health objectives of the proposed programme take into account the constraints of the previous programme and the sociocultural situation in Senegal. They seek to help increase the contraceptive prevalence rate of modern methods from 12 per cent in 1995 to 25 per cent in 2001 in urban areas, and from 7 to 15 per cent for the country as a whole. They also seek to ensure the quality of and accessibility to reproductive health services in 14 reference centres, 5 hospitals, 26 health centres, 220 health posts, 50 "cases foyers" and 15 private clinics managed by NGOs. Additional reproductive health goals include increasing from 2 to 25 the number of the multi-functional counselling centres for youth that provide family life education and reproductive counselling and services, as well as helping to increase the number of NGOs and grass-roots organizations addressing the special needs of youth and men.

17. To help attain these objectives, the proposed programme will promote the comprehensive reproductive health system approach throughout the health system and foster the integration of reproductive health components in all health structures. It will actively work to improve the quality of care through helping to increase the technical capacity of health personnel. The proposed programme will assist in the development of alternative distribution channels for contraceptives, including community based, workplace and private sector distribution modalities. The programme will also look at the way reproductive health service delivery points are organized physically and in terms of patient flow and hours of availability in order to make them more efficient and user-friendly.

18. Population and development strategies. In light of the Government's strategy of decentralization, the programme aims to help the Government formulate national and regional population action plans and to integrate population variables into all its sectoral policies. It seeks to develop a training programme to enhance management of existing human resources and improve data collection, analysis, dissemination and utilization. It also proposes to help reinforce the systematic use of the programme and gender approaches in formulation and implementation of population programmes as well as to institutionalize population and family life education in both the formal and non-formal education systems. It will also encourage a reorganization of institutions implementing the National Population Programme in order to improve coordination and monitoring.

19. The programme plans to review existing demographic studies to identify priority needs and to elaborate a five-year plan in research and data collection. UNFPA will provide assistance for carrying out the country's third population census in 1998 in collaboration with other development partners. A data bank will be set up to assist in integrating population variables, including gender issues, in the Government's sectoral planning. The Fund will provide technical assistance in revising the Family Code to include the recommendations of the ICPD and the Fourth World Conference on

Women and in finalizing the National Plan for Women and developing a plan for its implementation.

20. Advocacy. The proposed programme aims at assisting the Government in its efforts to obtain the full commitment of parliamentarians, religious leaders and community leaders to population and reproductive health programmes, as well as the adoption of laws in favour of the attainment of the objectives of the Population Policy Declaration, and the promotion of reproductive health programmes for adolescents. To achieve these objectives, the programme will provide support for an information campaign to raise the awareness of these leaders on the relationship between population, economic development and family well-being. It will also provide assistance for an information campaign aimed at promoting the status of women and making reproductive health services available to youth.

Implementation, monitoring, evaluation and coordination

21. The proposed programme will sponsor a national seminar of concerned governmental and non-governmental organizations to produce a detailed implementation plan. Overall coordination of the programme will be carried out by the Secretariat of the National Council of Population and Human Resources, which will ensure that activities undertaken under each sub-programme are in line with the objectives established for the programme as a whole. A coordination committee comprising the head of each sub-programme will be set up to facilitate harmonization. Each sub-programme will be placed under the responsibility of an appropriate line ministry to formulate, manage, monitor and evaluate. The activities under each sub-programme will be executed by ministry departments, NGOs, associations and United Nations organizations, as appropriate.

22. UNFPA-established guidelines and procedures will be used for monitoring and evaluating the proposed programme. Quarterly meetings with programme managers and financial assistants will be held to promote coordination and the sharing of experiences and discussion of problems encountered. Technical backstopping from national consultants and the UNFPA Country Support Team headquartered in Dakar will be provided as needed. As far as possible, national consultants and NGOs will be used for evaluation and review exercises. A mid-term review will be held in 1999 to assess progress made, and reorientation plans will be defined as necessary.

Recommendation

23. The Executive Director recommends that the Executive Board approve the programme of assistance for Senegal as presented, in the amount of $15 million over the period 1997-2001, $10 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.